

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS
BUREAU OF RECORDS AND STATISTICS
TULSA, OKLAHOMA

STATE OF ARIZONA

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Miami
(Registration District)

County Gila

No.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			
DATE OF BIRTH* <u>Aug.</u> <u>6</u> <u>1929</u> (Month) (Day) (Year)			
FULL* NAME		FATHER	
<u>Jesus Mora</u>			
FULL* MAIDEN NAME		MOTHER	
<u>Concepcion Saucedo</u>			

I HEREBY CERTIFY that the child described here
has been named

Mario Nieves

Mora

(Give name in full)

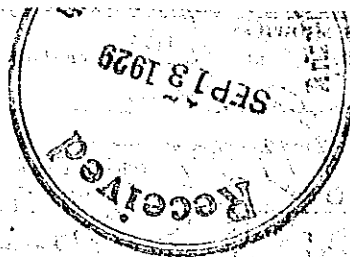
(Surname)

Concepcion Saucedo
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43--S.P.Co.



MAR 1929

FILE TO
DO NOT
FILE
AWAY